



12-13-06

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PTO/SB/30 (04-05)

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Request For Continued Examination (RCE) Transmittal		Application Number 10/033,243
Address to: MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		Filing Date December 27, 2001
		First Named Inventor Karen L. FEARON
		Art Unit 1645
		Examiner Name P. Duffy
		Attorney Docket Number 377882001800

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. Submission required under 37 CFR 1.114		Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).	
a. <input checked="" type="checkbox"/> Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.		i. <input checked="" type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on <u>October 11, 2006</u> ii. <input type="checkbox"/> Other _____	
b. <input checked="" type="checkbox"/> Enclosed		i. <input checked="" type="checkbox"/> Amendment/Reply – 18 pages <input type="checkbox"/>	iii. <input type="checkbox"/> Information Disclosure Statement (IDS) <input checked="" type="checkbox"/> Fee Transmittal + duplicate copy for fee processing (2 pages); and Return Receipt Postcard
ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)		iv. <input checked="" type="checkbox"/> Other _____	
2. Miscellaneous			
a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)			
b. <input type="checkbox"/> Other _____			
3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.			
a. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments to Deposit Account No. <u>03-1952</u> <input type="checkbox"/> I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.			
i. <input checked="" type="checkbox"/> RCE fee required under 37 CFR 1.17(e) ii. <input type="checkbox"/> Extension of time fee (37 CFR 1.136 and 1.17) iii. <input type="checkbox"/> Other _____			
b. <input type="checkbox"/> Check in the amount of \$ _____ enclosed			
c. <input type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed)			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Signature			Date	December 11, 2006
Name (Print/Type)	Terri Shieh-Newton		Registration No.	47,081

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 582591288 US, on the date shown below in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

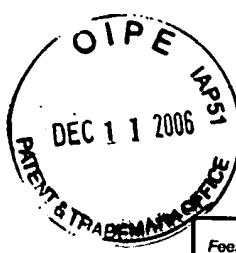
Dated: December 11, 2006

Signature:

(Lori Sims)

pa-1116045

12/14/2006 AMENDMENT 1 00000060 031952
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** **395.00**

Complete if Known	
Application Number	10/033,243
Filing Date	December 27, 2001
First Named Inventor	Karen L. FEARON
Examiner Name	P. Duffy
Art Unit	1645
Attorney Docket No.	377882001800

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	FILING FEES		SEARCH FEES		EXAMINATION FEES		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity	
<u>Fee (\$)</u>	<u>Fee (\$)</u>
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
61	- 86 = 0	x 25.00	= 0.00
HP = highest number of total claims paid for, if greater than 20.			
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
2	- 3 = 0	x 100.00	= 0.00
HP = highest number of independent claims paid for, if greater than 3.			

Multiple Dependent Claims

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
180.00	0.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

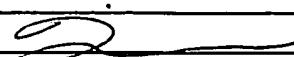
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	- 100 = _____	/50 _____ (round up to a whole number) x _____	= _____	= 0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 ... 395.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	47,081	Telephone	(650) 813-5777
Name (Print/Type)	Terri Shieh-Newton	Date	December 11, 2006		